

Confirmation of Application Receipt

TITLE X

**FAMILY PLANNING GENERAL TRAINING
AND TECHNICAL ASSISTANCE PROJECTS**

DALLAS

This Section to be Completed by Applicant:

Name of Project Director:

Telephone:

Name of Contact Person if different from Project Director:

Telephone:

Applicant Organization (name and address):

Your Application was received on this Date:

Your Application Number is: _____

Please refer to this number in future inquiries, correspondence etc.